



**MagellanProvider.com**

**Logon and Web Site  
Training Manual**

**Nebraska Gambling**

## Site Address

- Go to the following Web site address: [www.magellanprovider.com](http://www.magellanprovider.com)
- Bookmark this address in your favorites for convenience.

## Technical Requirements

- Pentium 200 PC, 32 mb RAM or better
- Internet Explorer (IE) browser Version 4.0 or higher; or Netscape browser Version 4.0 or higher
- Internet access

## Accessing the Secure Site

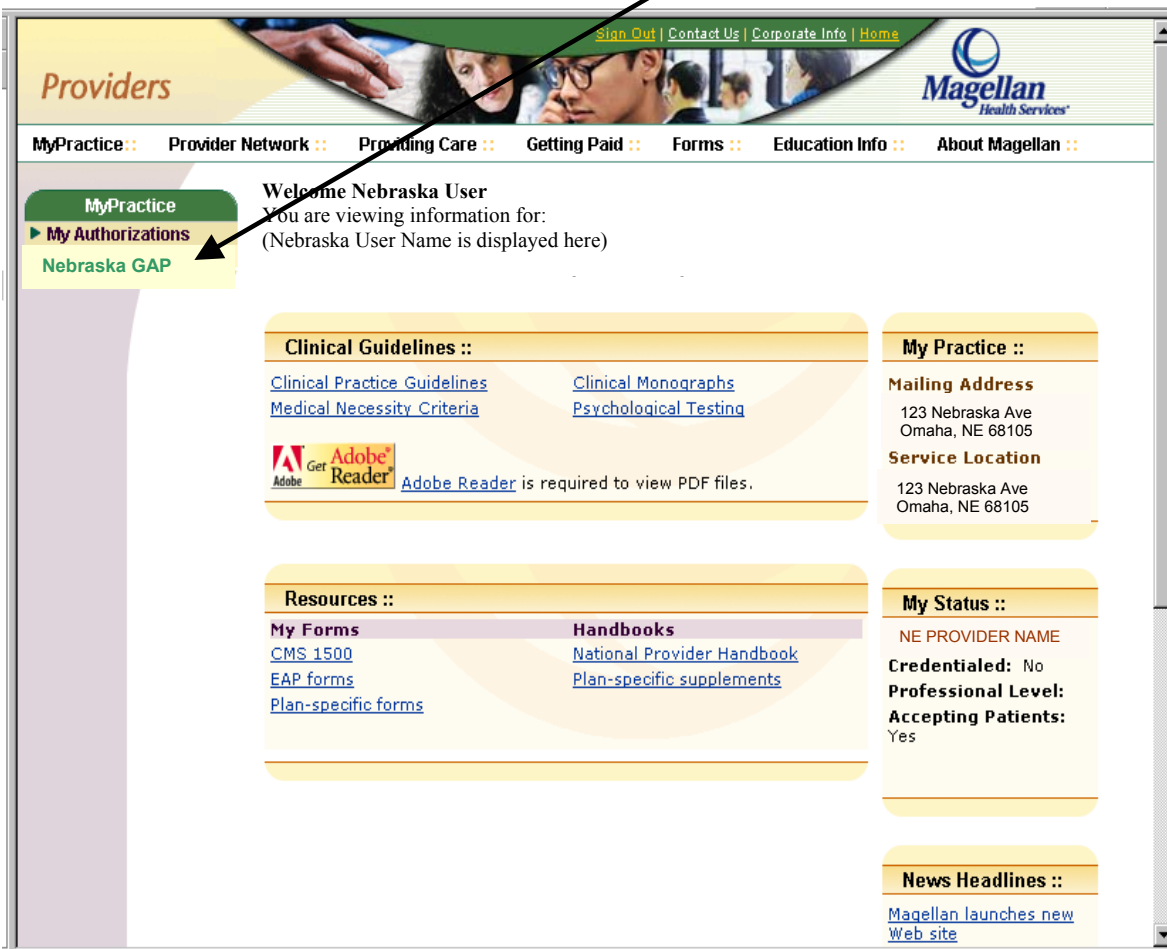
### Login

- Each entity requires a separate login name and password. Please keep the entity Password secure to prevent unauthorized users from accessing Nebraska information. Remember, this information is patient sensitive

The screenshot shows the Magellan Health Services website. At the top, there is a navigation bar with links: [Sign In](#), [Contact Us](#), and [Corporate Info](#). Below this is a banner image with the text "A Tradition of Caring... A Future of Promise" and the Magellan Health Services logo. The main navigation bar includes links: [Sign In](#), [Provider Network](#), [Providing Care](#), [Getting Paid](#), [Forms](#), and [Education](#). On the left, there are three circular buttons: "I'M A MEMBER", "I'M A PROVIDER", and "I'M A CUSTOMER". The main content area features a "Welcome Providers" section with a message about the new website. Below this is an "Online Tools" section with links for "Request More Sessions Online" and "Download Provider Practice Info Form". A "Sign In" form is located on the right, with fields for "User Name" and "Password", and a "Sign In" button. Callout boxes provide instructions: "Type the Login name in the 'User Name' field.", "Type the password in the 'Password' field.", and "Click on the 'Sign In' button to access the site." The footer contains copyright information: "© 1999 - 2004 Magellan Health Services, Inc." and links for "Terms and Conditions of Use", "Disclaimer", and "Privacy Policy".

- Users are allowed three (3) attempts to login correctly. After three (3) unsuccessful attempts, the login account will be locked. Contact the Nebraska Magellan RSC to have the login account reset and a new password issued.

- To access the Nebraska GAP application, click on the Nebraska GAP link located on the menu bar at the left of the screen.



## Nebraska's Gambling main page allows a user to access:

- Policy & Standards for Clinical & Administrative Non-Authorizations
- Newsletter
- Provider Manual

### Main Menu

- New Registrations (Demographics)
- New Registrations from Existing (Intake)
- Edit Registrations (Demographics/Intake)
- New Discharge Summary
- Edit Discharge Summary
- TAD (Turn Around Documents)

**Magellan**  
Behavioral Health

[Main](#)

[New Registration- \(Demographics\)](#)

[New Registrations From Existing \(Intake\)](#)

[Edit Registration \(Demographics /Intake\)](#)

[New Discharge Summary](#)

[Edit Discharge Summary](#)

[TAD](#)

[Reports](#)

[Exit](#)

*Main Page*

[Policy & Standards for Clinical & Administrative Non-Authorizations](#)

[Newsletter](#)

[Provider Manual](#)

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), we are protecting the privacy of the information entered and contained in this browser application. Therefore, effective April 14, 2003, you will be required to access this site with a browser containing 128-bit encryption. You can check your browser encryption level by clicking "Help" in the menu bar.

You can download and install a FREE browser with 128-bit encryption at the following sites:

[GET Microsoft Internet Explorer](#)

[Microsoft Internet Explorer](#)

[Netscape Navigator](#)

➤ HIPAA and 128-Bit Encryption Notice

Still experiencing login problems? Your account may have been temporarily suspended. Please contact the Nebraska office for assistance.

To update or install an Internet browser with 128-bit encryption, click on either the Microsoft Internet Explorer link or the Netscape Navigator link.

## New Registration Link (On-Line Registration)

1. The provider gathers required information as determined by the Department of Health and Human Services Minimum Information Collection Requirements.
  2. The provider logs onto [www.MagellanProvider.com](http://www.MagellanProvider.com) via the Internet and enters the user Name and password.
  3. Select the 'Nebraska Gap' link on the left side of the page. The Nebraska Home page will be displayed.
  4. To begin a consumer registration, select the 'New Registration' link from the menu bar at the left.
  5. The user is presented with a search screen (diagram 1) where the consumer's name and social security number are entered.
- If the consumer already exists in the system, the consumer's name will be displayed (diagram 3). Click on the consumer's highlighted name and an electronic registration form will appear. The user verifies and/or updates the consumer information. All underlined fields are required by NBHS and must be completed.

**NOTE:** Registration information can be revisited and updated or edited at a later time if necessary as long as the consumer record has not been discharged.

- If the consumer is new to the system, the user will receive a message indicating that the consumer does not exist in the system (diagram 2). Click on this message and a blank registration form will appear. All underlined fields are required by NBHS and must be completed. Click 'Next' to continue the registration process.

**NOTE:** Registration information can be revisited and updated or edited at a later time if necessary as long as the consumer record has not been discharged.

## **Search Screen (diagram 1)**

**Magellan**  
Behavioral Health

[Main](#)  
[New Registration-From Existing](#)  
[Edit Registration](#)  
[New Discharge](#)  
[Edit Discharge](#)  
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### Search Clients

To find an existing client, use the following fields to narrow your search. The search will filter out any records which are not like the search parameters. If a parameter is left blank, then the results are not filtered on that parameter.

Search Parameters	
Last Name	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>
<input type="button" value="Search"/>	

## Field Names

- **Last Name:** Enter the consumer's last name.
- **First Name:** Enter the consumer's first name.
- **Date of Birth:** Enter the consumer's date of birth if known in the format of MM/DD/CCYY
- **Social Security Number:** Enter the consumer's social security number. It must be a nine (9)-digit number.

## Search Results screen display when consumer does not exist (diagram 2)

**Search Results Page**

Search Parameter	Value
Last Name	smith
First Name	judy
Date of Birth	
Social Security Number	

Name	Social Security Number	Date Of Birth
<a href="#">Registration does not exist. Please add new registration OR register client at another location.</a>		

- **Registration does not exist. Please add new registration OR register client at another location.** Click this message link to add a new registration for a consumer that does not exist in the system.

## Search Results screen display if the consumer does exist (diagram 3)

**Search Results Page**

Search Parameter	Value
Last Name	
First Name	
Date of Birth	
Social Security Number	147258369

Name	Social Security Number	Date Of Birth
<a href="#">EINSTEIN, ALBERT</a>	147258369	03/14/1979
<a href="#">EINSTEIN, ALBERT</a>	147258369	03/14/1979
<a href="#">EINSTEIN, ALBERT</a>	147258369	03/14/1979

- If this is the consumer you are searching for, click the consumer's name to display existing registration information.


## New Registration – Page 1

There are two (2) sections to complete on Page 1 of the registration process:

- Demographics
- Financial Information

**NOTE:** If the consumer is an existing consumer found during your previous search, the following pages would display previously entered information for that consumer. However, there are additional fields required by the state of Nebraska that need to be updated/completed.

## New Registration Screen page 1



[Next](#)

Fields underlined are REQUIRED. *Italicized* are RECOMMENDED. Any other OPTIONAL.

<u>Name:</u>	First <input type="text"/> MI <input type="text"/> Last <input type="text"/>
<u>Previous Last / Maiden Name:</u>	<input type="text"/>
<u>Address:</u>	Street <input type="text"/> City <input type="text"/> {None Selected} State <input type="text"/> Zip <input type="text"/>
<u>Sex / Gender:</u>	<input type="radio"/> M <input type="radio"/> F
<u>Social Security Number: NO DASHES</u>	<input type="text"/>
<u>Marital Status:</u>	{None Selected} <input type="text"/>
<u>Race:</u>	{None Selected} <input type="text"/>
<u>Ethnicity:</u>	{None Selected} <input type="text"/>
<u>Perferred Language:</u>	{None Selected} <input type="text"/>
<u>Veteran Status:</u>	<input type="radio"/> Yes <input type="radio"/> No
<u>Disability:</u>	<input type="checkbox"/> Retardation <input type="checkbox"/> Blindness <input type="checkbox"/> Deafness <input type="checkbox"/> Non-ambulation <input type="checkbox"/> Non use / amputation <input type="checkbox"/> None
<u>Date Of Birth:</u>	<input type="text"/>
<u>Age at Admission:</u>	<input type="text"/>
<u>County Legal Residence:</u>	{None Selected} <input type="text"/>
<u>County of Admission:</u>	{None Selected} <input type="text"/>
FINANCIAL INFORMATION	
<u>Number of Dependents:</u>	<input type="text"/> 01 = self
<u>Annual Gross Income (nearest 1,000):</u>	<input type="text"/>
<u>SSI/SSDI Eligibility:</u>	{None Selected} <input type="text"/>
<u>Medicare / Medicaid:</u>	{None Selected} <input type="text"/>
<u>Health Insurance:</u>	{None Selected} <input type="text"/>
<u>Income Source:</u>	{None Selected} <input type="text"/>

### Field Names

- **Name:** Enter the consumer's First Name, Middle Initial (optional), and Last Name.
- **Previous Last/Maiden Name:** If the consumer's gender is 'M' (Male) this field does not have to be completed.
- **Address:** Enter the consumer's mailing address. For Regional Center consumers, homeless persons and others with no permanent address enter '*No Permanent Address*' in the Street field and complete the City and Zip code based on the current service location.

**NOTE:** Review and update the consumer's address at time of discharge.

- **Sex/Gender:** Select the appropriate gender for the consumer (M = Male; F = Female).
- **Social Security Number** (no dashes): Enter the consumer's social security number. This is a unique consumer identifier and is a required field. If the consumer's social security number is unknown, enter '999999999' (all nines).
- **Marital Status:** Select the marital status of the consumer from the drop down box.

Choices Available:

- Cohabiting
- Divorced
- Married
- Never Married
- Separated
- Widowed

- **Race:** Select the Race of the consumer from the drop down box.

Choices Available:

- Asian
- Black/African-American
- Nat. Hawaiian/Other Pacific Islander
- Native American/Alaskan
- Other
- White

- **Ethnicity:** Select the Ethnicity of the consumer from the drop down box.

Choices Available:

- Hispanic or Latino
- Not Hispanic or Latino

**NOTE:**

- Reporting Race and ethnicity: The standard followed on collecting Race and Ethnic data is, follow the methods used by the Federal Bureau of the Census.
- On April 28, 2003, the Executive Office of the President, Office of management and Budget (OMB), Office of Information and Regulatory Affairs announced its decision concerning the revision of Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting. OMB is accepting the recommendations of the Interagency Committee for the Review of the Racial and Ethnic Standards with the following two modifications:

1. The Asian or Pacific Islander category will be separated into two categories:

- Asian and Native Hawaiian
- Other Pacific Islander

2. The term 'Hispanic' will be changed to 'Hispanic or Latino'.

- **Preferred Language:** Select the Preferred Language of the consumer from the drop down box. If this is unknown, the default reporting is 'English'.

Choices Available:

English	Farsi	Hebrew	Sign Language	Japanese
Portuguese	Vietnamese	Arabic	French	Hindi
Korean	Russian	Tagalog	Chinese	German
Italian	Laotian	Spanish	Other	Neur
Umonhon	Ho-Chuck	Dakota	Ponca	Native American

- **Veteran Status:** If the consumer is a Veteran, select 'Yes'. If the consumer is not a Veteran, select 'No'. If Veteran Status is unknown, the default reporting is 'No'.
- **Disability:** Select one or more of the observable handicaps/impairments other than mental health/substance abuse at time of contact. If disability at admission is unknown, the default reporting is 'None'.

Choices Available:

- Retardation
- Blindness
- Deafness
- Non-Ambulation
- Non-use/Amputation
- None

- **Date of Birth:** Enter consumer's date of birth using the following format: MM/DD/CCYY



- **Age at Admission:** Enter the consumer's age at time of admission.
- **County Legal Residence:** Select from the drop down box.

**NOTE:**

- This is basically the answer to the question, 'Where do you live?'
- This is the name of the County where the consumer has established residency within the State of Nebraska.
- In general, it is the county where the consumer has established a permanent and principal home, and to which, whenever absent, the consumer has the intention of returning.
- It is officially the 'County of Residence' if the consumer has resided one year continuously in that county. If the consumer has resided one year continuously within the state, but not in any one county, the county of legal residence is in the county in which the consumer has resided six months continuously. (Neb. Rev. Stat. 68-115 – Legal settlement, defined)
- If County of Residence at admission is unknown, the default reporting is the same as County of Admission.
- If the consumer is homeless at admission, the default reporting is the same as County of Admission.
- If adjacent state, use adjacent county codes or otherwise code 'out of state'.

Choices Available for County of Legal Residence:

Adams	Burt	Custer	Franklin	Hall	Kearney	Merrick	Pierce	Seward	Wheeler
Antelope	Butler	Dakota	Frontier	Hamilton	Keith	Morrill	Platte	Sioux	York
Arthur	Cass	Dawes	Furnas	Harlan	Keya Paha	Mcpherson	Polk	Stanton	Out of State
Banner	Cedar	Dawson	Gage	Hayes	Kimball	Nance	Red Willow	Thayer	Unknown
Blaine	Chase	Deuel	Garden	Hitchcock	Knox	Nemaha	Richardson	Thomas	
Boone	Cherry	Dixon	Garden	Holt	Lancaster	Nuckolls	Rock	Thurston	
Box Butte	Cheyenne	Dodge	Garfield	Hooker	Lincoln	Otoe	Saline	Valley	
Boyd	Clay	Douglas	Gosper	Howard	Logan	Pawnee	Sarpy	Washington	
Brown	Colfax	Dundy	Grant	Jefferson	Loup	Perkins	Saunders	Wayne	
Buffalo	Cuming	Filmore	Greeley	Johnson	Madison	Phelps	Scottsbluff	Webster	

- **County of Admissions:** Select from the drop down box the county from which the consumer was admitted regardless of where the consumer maintains their residence.

Choices Available for County of Admissions:

Adams	Burt	Custer	Franklin	Hall	Kearney	Merrick	Pierce	Seward	Wheeler
Antelope	Butler	Dakota	Frontier	Hamilton	Keith	Morrill	Platte	Sioux	York
Arthur	Cass	Dawes	Furnas	Harlan	Keya Paha	Mcpherson	Polk	Stanton	Out of State
Banner	Cedar	Dawson	Gage	Hayes	Kimball	Nance	Red Willow	Thayer	Unknown
Blaine	Chase	Deuel	Garden	Hitchcock	Knox	Nemaha	Richardson	Thomas	
Boone	Cherry	Dixon	Garden	Holt	Lancaster	Nuckolls	Rock	Thurston	
Box Butte	Cheyenne	Dodge	Garfield	Hooker	Lincoln	Otoe	Saline	Valley	
Boyd	Clay	Douglas	Gosper	Howard	Logan	Pawnee	Sarpy	Washington	
Brown	Colfax	Dundy	Grant	Jefferson	Loup	Perkins	Saunders	Wayne	
Buffalo	Cuming	Filmore	Greeley	Johnson	Madison	Phelps	Scottsbluff	Webster	

## **Financial Information**

FINANCIAL INFORMATION	
Number of Dependents:	<input type="text"/> 01 = self
Annual Gross Income (nearest 1,000):	<input type="text"/>
SSI/SSDI Eligibility:	{None Selected} ▼
Medicare / Medicaid:	{None Selected} ▼
Health Insurance:	{None Selected} ▼
Income Source:	{None Selected} ▼

## **Field Names**

- **Number of Dependents:** Enter '01' if the consumer's has no dependents.
- **Annual Gross Income (nearest 1,000):** Enter the consumer's annual gross income rounded to the nearest 1000 (no decimals or dollar signs or cents need to be entered).
- **SSI/SSDI Eligibility:** Select from the drop down box.

Choices Available:

- Determined to be Ineligible/NA
- Eligible/Not receiving benefits
- Eligible receiving payments
- Potential Eligible

- **Medicare/Medicaid:** Select from the drop down box.

Choices Available:

- Determined to be Ineligible/NA
- Eligible/Not receiving benefits
- Eligible receiving payments
- Potential Eligible

- **Health Insurance:** Select from the drop down box.

Choices Available:

- Blue Cross/Blue Shield
- HMO
- Medicaid
- Medicare
- No Insurance
- Other Insurance
- Private 3<sup>rd</sup> Party
- Private Self Pay

- **Income Source:** Select from the drop down box.

Choices Available:

- Disability
- Employment
- None
- Other
- Public Assistance
- Retirement/Pension

Click 'Next' at the top of the screen to continue to page 2 of the registration process.

## New Registration – Page 2

There are eight (8) sections to complete on page 2 of the registration process:

- Admission
- Medical Status
- Socioeconomic Indicators
- Medicaid Eligibility
- Adolescent
- Service Treatment
- Legal Status
- Commitment Data

Previous Next

Fields underlined are REQUIRED. *Italicized* are RECOMMENDED. Any other OPTIONAL.

### New Registration - Page 2

ADMISSION		ADOLESCENT	
<u>Admission Date:</u>	<input type="text"/>	<u>Att. School - Avg. in 6 mon.:</u>	{(None Selected)} ▾
<u>Reason for EPC Admission:</u>	{(None Selected)} ▾	<u>Stable Environment (Legal Custody):</u>	{(None Selected)} ▾
<u>Suicide Attempt - Has this person attempted suicide in the last 30 days?</u>	<input type="radio"/> Yes <input type="radio"/> No	<u>Involved with Juvenile Services:</u>	{(None Selected)} ▾
<u>Collateral/Significant Other Contact</u>	<input type="radio"/> Yes <input type="radio"/> No	<u>Receiving Professional Partner Services:</u>	<input type="radio"/> Yes <input type="radio"/> No
<u>Receiving Special Education Services:</u>	<input type="radio"/> Yes <input type="radio"/> No		
MEDICAL STATUS		SERVICE TREATMENT	
<u>Is the consumer pregnant?</u>	<input type="radio"/> Yes <input type="radio"/> No	<u>Admission Referral Source:</u>	{(None Selected)} ▾
SOCIOECONOMIC INDICATORS		LEGAL STATUS	
<u>Living Situation:</u>	{(None Selected)} ▾	<u>Legal Status at Admission:</u>	{(None Selected)} ▾
<u>Education:</u>	{(None Selected)} ▾	<u>Criminal Activity (number of arrests in past 6 months) at time of Admission</u>	<input type="text"/>
<u>Employment Status:</u>	{(None Selected)} ▾		
MEDICAID ELIGIBILITY		COMMITMENT DATA	
<u>Meets Nebraska SED Criteria:</u>	<input type="radio"/> Yes <input type="radio"/> No	<u>Mental Health Board (MHB) Hearing Date:</u>	<input type="text"/>
<u>For Adults with mental illness - Meets Nebraska SPMI Criteria:</u>	<input type="radio"/> Yes <input type="radio"/> No	<u>Mental Health Board (MHB) Commitment Date:</u>	<input type="text"/>

### Admission field names

ADMISSION	
<u>Admission Date:</u>	<input type="text"/>
<u>Reason for EPC Admission:</u>	{(None Selected)} ▾
<u>Suicide Attempt - Has this person attempted suicide in the last 30 days?</u>	<input type="radio"/> Yes <input type="radio"/> No
<u>Collateral/Significant Other Contact</u>	<input type="radio"/> Yes <input type="radio"/> No

- **Admission Date:** Enter the consumer's admission date using the format MM/DD/CCYY
- **Reason for EPC Admission:** Select from the drop down box. If this field is not applicable, select 'Not an EPC Admission' from the drop down box.

Choices Available:

- Both Dangerous to self and others
- Dangerous to others
- Dangerous to self/neglect
- Dangerous to self/suicide attempt
- Not an EPC admission

- **Suicide Attempt:** Has the consumer attempted suicide in the last 30 days? Select 'Yes' or 'No' in regards to whether or not the consumer has attempted suicide in the last 30 days.

**NOTE:** Suicide attempt means “deliberate, self-injurious behavior that is intended to or may result in death and is distinguishable from either a suicidal gesture or suicidal ideation, which while self-destructive in nature, is not intended to result in death.”

- **Collateral/Significant Other Contact:** Select 'Yes' or 'No'. This is a mandatory federal reporting field for substance abuse and Gambling Assistance Program. This is not applicable for Mental Health Consumers; therefore select 'No' if this condition exists.

### **Medical Status field names**

MEDICAL STATUS	
Is the consumer pregnant?	<input type="radio"/> Yes <input type="radio"/> No

- **Is the consumer pregnant?** Select 'Yes' or 'No' to indicate whether or not the consumer is pregnant. If the gender selected previously in the 'Admission' section is 'M' (Male) this field will automatically default to 'No' and does not require manual data entry.

### **Socioeconomic Indicators field names**

SOCIOECONOMIC INDICATORS	
Living Situation:	{None Selected} ▼
Education:	{None Selected} ▼
Employment Status:	{None Selected} ▼

- **Living Situation:** Select from the drop down box. This information is collected at admission and repeated at Discharge.

Choices Available:

- Child Living with Parent/Relative
- Foster Home
- Homeless Shelter
- Jail/Correctional Facility
- Other 24 hr. Res. Care
- Other Inst. Setting
- Other
- Private Residence Receiving Support
- Private Residence without Support
- Regional Center
- Other Inst. Setting

### **Living Situation Definitions:**

**NOTE:** If “Living Situation” at admission is unknown, the default reporting is ‘Other’.

- Private Residence WITHOUT Support: Individual lives in a house, apartment, trailer, hotel, dorm, barrack and/or Single Room Occupancy (SRO)
- Private Residence RECEIVING Support:
  - Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) **and** receives planned support from to maintain independence in hi/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person’s home environment. The person providing the support services may include a family member or a friend living with the client **or** a person/organization periodically visiting the home.

- Foster Home: Licensed Foster Home or Therapeutic Foster Care
- Regional Center: Hastings Regional Center, Lincoln Regional Center, Norfolk Regional Center (designated as Institutes of Mental Disease – IMD).
- Other 24-Hour Residential Care: Individual resides in a residential care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, or Rehabilitation Center or Residential Care/Treatment Facility.
- Other Institutional Setting: Individual resides in an institutional care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, other Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.
- Jail/Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.
- Homeless/Shelter: A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations or
  - An institution that provides a temporary residence for individuals intended to be institutionalized or
  - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (i.e., on the street).
- Child Living with Parent/Relative: Youth under the age 0-17, or transitioning youth 18-21 living with parent, other relatives, etc.
- Youth Living Independently: Youth under the age 0-17, or transitioning youth 18-21 with individual's own identifiable residence with responsibility for that place.
- Other: Living Situations not covered above

➤ **Education:** Select from the drop down box the number of years the consumer received formal education.

Choices Available:

- <10 years (Less than 10 years)
- >12 years (More than 12 years)
- 11 years
- 12 years = GED

➤ **Employment Status:** Select from the drop down box the consumer status of employment at time of admission.

Choices Available:

- Active/Armed Forces
- Employed Full Time (35 hrs. +)
- Employed Part Time
- Not in Labor Force
- Other (Volunteer/Disabled)
- Sheltered Workshop
- Unemployed (Laid Off/Looking)

## Medicaid Eligibility field names

MEDICAID ELIGIBILITY	
Meets Nebraska SED Criteria:	<input type="radio"/> Yes <input type="radio"/> No
For Adults with mental illness - Meets Nebraska SPMI Criteria:	<input type="radio"/> Yes <input type="radio"/> No

➤ **Meets Nebraska SED Criteria:** Select 'Yes' or 'No' based on provider's assessment, using the criteria listed below:

- a. The youth's age must range from birth up to age 18, however, for purpose of transition into adult services, the youth may be age 18 to 20,
- b. The youth must have a mental illness diagnosable under the current edition of the Diagnostic and Statistical manual of Mental Disorders published by the American Psychiatric Association,
- c. The condition must be persistent in that it has existed for one year or longer, or is likely to endure for one year or longer and
- d. The mental illness must result in functional impairments in two (2) or more of the following areas:
  1. Self-care at an appropriate developmental level,
  2. Developmentally appropriate perception and expressive language
  3. Learning,
  4. Self-direction, including developmentally appropriate behavioral controls, decision-making judgment, and value systems and
  5. Capacity for living in a family or family equivalent

**Source:** Title 204 – Regulations for Community mental Health Programs; Chapter 1 – Definitions, 001.07 Child or Adolescent who has a severe emotional disturbance.

➤ **For Adults with Mental Illness – Meets Nebraska SPMI Criteria:** Select 'Yes' or 'No' based on provider's assessment using the criteria listed below:

- a. The individual is age 18 and over,
- b. Has a primary diagnosis of schizophrenia, major affective disorders, or other major mental illness under the current edition of the Diagnostic and Statistical manual of Mental Disorders published by the American Psychiatric Association. Developmental Disorders, or Psychoactive Substance Use Disorders may be included if they co-occur with the primary mental illnesses listed above;
- c. Are at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for twelve (12) months or longer or is likely to endure for twelve (12) months or longer, and
- d. Degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner, as demonstrated by functional impairments which substantially interferes with or limits two of three areas:
  1. Vocational/Educational
  2. Social Skills
  3. Activities of Daily Living

**NOTE:** For item 'b', diagnosis #295 – 298.9 (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) © 2000 American Psychiatric Association. Schizophrenia (295), Mood Disorders including Bipolar and major Depression (296), Delusional Disorder (297.1), Shared Psychotic Disorder (297.3), Brief Psychotic Disorder (298.8), and Psychotic Disorder NOS (298.9) ["Not Otherwise Specified"].

**Adolescent field names** This section is for children/adolescents 0 – 18 yrs. in age.

ADOLESCENT	
<b>Att. School - Avg. in 6 mon.:</b>	{None Selected} ▼
<b>Stable Environment (Legal Custody):</b>	{None Selected} ▼
<b>Involved with Juvenile Services:</b>	{None Selected} ▼
<b>Receiving Professional Partner Services:</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Receiving Special Education Services:</b>	<input type="radio"/> Yes <input type="radio"/> No

- **Attending School Regularly:** Average School Absences in the Last Six (6) months: Select from drop down box.

Choices Available:

- 1 Day every 2 weeks
- 1 Day per Week
- 1 or Less Days per Month
- 2 or More Days per week
- Graduate/GED

- **Stable Environment (Legal Custody):** Select from drop down box.

Choices Available:

- Emancipated Minor
- Guardian
- Parent(s)
- Ward of the State

- **Involved with Juvenile Services:** Select from drop down box.

Choices Available:

- Drug Court
- Not Involved with Juvenile Services
- OJS State Ward
- Other Court Involvement
- Probation

- **Receiving Professional Partner Services:** Select 'Yes' or 'No'.

- **Receiving Special Education Services:** Select 'Yes' or 'No'.

### **Service Treatment field names**

SERVICE TREATMENT	
<b>Admission Referral Source:</b>	{None Selected} ▼

- **Admission Referral Source:** Select from drop down box.

Choices Available:

Agricultural Action Center	Employers	Mental Health Commitment Board	Private Family Counselor/Agency	SA Methadone Maintenance	Social Svc. Sexual Perp. Eval.
Clergy	Family	Mental Retardation Agency	Private mental Health Prac.	SA Outpatient Counseling	Social Svc. Thera. Foster Care
Community Service Agency	Farm Hotline	Mid-level Practitioner	Private Physician	SA Partial Care	State Social Service Office
Corrections	Food Pantry	Norfolk Regional Center	Private SA Provider	SA Prevention	Tribal Elder or Official
County Extension Agent	Friend	Nursing Facility	Probation	SA Short-term Residential	
Court Order	Hastings Regional Center	Other Human Service Provider	Prosecutor	SA Therapeutic Community	
Court Referral	Homeless Shelter	Other Medical Facility	Public Health Staff	Self	
Defense Attorney	Hospital	Parole	SA Emergency/Detoxification	Services Psychiatric Evaluation	
Drug Court	Job Training Office	Police	SA Halfway House	Social Svc. Fam. Based Counseling	
Employee Assistance Program	Lincoln Regional Center	Pre-trial Diversion	SA Methadone Detoxification	Social Svc. Home-Based Services	

### Legal Status field names

LEGAL STATUS	
<b>Legal Status at Admission:</b>	{ None Selected } ▼
<b>Criminal Activity (number of arrests in past 6 months) at time of Admission</b>	<input type="text"/>

- **Legal Status at Admission:** Select from drop down box. If legal status at admission is unknown, the default reporting is 'voluntary'.

Choices Available:

Civil Protective Custody (CPC)	Court: Juvenile Evacuation Sex Offender	Juvenile High Risk Offender	Parole
Court Order	Court: Mentally Disordered Sex Offender	MHB Commitment	Probation
Court: Competency Evaluation	Court: Pre-sentence Evaluation	MHB Hold/Custody Warrant	Voluntary
Court: Juvenile Commitment	Emergency Protective Custody (EPC)	Not Responsible by reason of Insanity	Voluntary by Guardian

- **Criminal Activity (number of arrests in past 6 months) at time of Admission:** this is a two- (2) digit value. If criminal activity with the past 6 months at time of admission is unknown, the default reporting is '99'.




## Commitment Data field names

COMMITMENT DATA	
Mental Health Board (MHB) Hearing Date:	<input type="text"/>
Mental Health Board (MHB) Commitment Date:	<input type="text"/>

- **Mental Health Board (MHB) Hearing Date:** Date of mental Health Commitment; use format MM/DD/CCYY; if there is no hearing date, field does not need to be completed.
- **Mental Health Board (MHB) Commitment Date:** Date of Hearing for mental Health Commitment; use format MM/DD/CCYY; if there is no hearing date, field does not need to be completed.

Click 'Next' at the top of the screen to continue to page 3 of the registration process.

## New Registration Gambling page 3



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[New Registration \(Demographics\)](#)  
[New Registration - From Existing \(Intake\)](#)  
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Fields underlined are REQUIRED. *Italicized* are RECOMMENDED. Any other OPTIONAL.  
- Nebraska Gap Test

### New Registration - Page 3

SUBSTANCE ABUSE			
<u>Reason for this Admission:</u>	{None Selected} ▼		
<u>Current or Past History of substance abuse?</u>	<input type="radio"/> Yes <input type="radio"/> No		
<u>IV Drug Use in the past?</u>	<input type="radio"/> Yes <input type="radio"/> No		
<u>Is the use of Methadone Planned?</u>	<input type="radio"/> Yes <input type="radio"/> No		
<u>Number of prior treatment episodes:</u>	<input type="text"/>		
<u>Days waiting to enter SA program:</u>	<input type="text"/>		
	<u>Primary Substance</u>	<u>#2 Substance</u>	<u>#3 Substance</u>
<u>Age</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Name</u>	{None Selected} ▼	{None Selected} ▼	{None Selected} ▼
<u>Freq.</u>	{None Selected} ▼	{None Selected} ▼	{None Selected} ▼
<u>Vol.</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Route</u>	{None Selected} ▼	{None Selected} ▼	{None Selected} ▼

## Substance Abuse section field names

- **Reason for this Admission:** Select from the drop down box.

Choices Available:

- Dual Diag/Prim. MenHlth/Pri S/A
- Prim. Compulsive Gambling
- Prim. Mental Hlth/Secondary S/A
- Prim. Mental Retardation
- Prim. S/A Secondary Mental Hlth
- Prim. Sex Offender
- Primary Mental Health
- Primary Substance Abuse

- **Current or Past history of substance abuse?** Select 'Y' or 'N'.
- **IV Drug use in the past?** Select 'Y' or 'N'.

- **Is the use of Methadone planned?** Select 'Y' or 'N'.
- **Number of prior treatment episodes:** Enter the number of prior substance abuse treatment episodes. Use the numerical format of '00'
- **Days waiting to enter SA program:** Enter the number of days the consumer waited to enter the substance abuse program. Use the format '000'

**NOTE:** If 'N' was selected for ALL of the following questions *Current or Past history of substance abuse, IV Drug use in the past, Is the use of Methadone planned*, then the *Number of prior treatment episodes* and *Days waiting to enter SA program* fields will automatically default to zeros.

- **Primary Substance, # 2 Substance, # 3 Substance:** Complete these fields for all levels of substance abuse.
  - **Age:** Age of first use; the age must be a number between 00 – 99.
  - **Name:** Select from the drop down box the name of the substance used.

Choices Available:

Alcohol	Inhalants	Other Hallucinogens	Other Tranquilizers
Barbituates	Marijuana/hashish/pot	Other opiates/synthetics	Over-the-Counter
Benzodiazapines	Methamphetamine	Other Sedatives/Hypnotic	PCP/"Angel Dust"
Cocaine/Crack	Non-Rx Methadone	Other Stimulants	Unknown/None

- **Freq.:** Select from the drop down box the frequency of use.

Choices Available:


- 1 – 2x's wk/past month
- 1 –3 x's past month
- 3 – 6x's wk or more
- Daily
- No use past month
- Unknown

- **Vol.:** Volume of use (free form text)
- **Route:** Route of administration, select from drop down box.

Choices Available:

- IV
- Nasal
- Oral
- Smoke
- Unknown

## New Registration Gambling page 4



Previous
Save

Fields underlined are REQUIRED. *Italicized* are RECOMMENDED. Any other OPTIONAL.  
- Nebraska Gap Test

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### New Registration - Page 4

GAMBLERS ASSISTANCE PROGRAM	
<u>Occupation:</u>	{None Selected} ▼
<u>Current Annual Income:</u>	8000
<u>Total Annual Household Income:</u>	
<u>Age When First Gambled:</u>	
<u>Initial Gaming Activity:</u>	{None Selected} ▼
<u>Initial Gaming Activity - Other:</u>	
<u>Parents Drinking:</u>	{None Selected} ▼
<u>Parents Gambling:</u>	{None Selected} ▼
<u>SIG Drinking:</u>	{None Selected} ▼
<u>SIG Gambling:</u>	{None Selected} ▼
<u>Assessment Date:</u>	
<u>No. of employers client has had in last 5 years:</u>	
<u>No. of jobs client has had in last 5 years:</u>	
<u>No. of work days missed by client in the last 30 days due to gambling:</u>	
<u>Most frequent gaming activity (last 30 days):</u>	{None Selected} ▼
<u>Place of Activity:</u>	{None Selected} ▼
<u>Frequency of all types of wagering in the last 30 days:</u>	{None Selected} ▼
<u>Legal Percent:</u>	
<u>Illegal Percent:</u>	
<u>Prior Gambling Treatment:</u>	{None Selected} ▼
<u>No. times prior Gambling Treatment:</u>	
<u>No. times prior Behavioral Health contacts:</u>	
<u>Current Household Debt:</u>	
<u>Gambling Debt:</u>	
<u>Legal Involvement related to gambling:</u>	{None Selected} ▼
<u>If yes, list all types of legal involvements related to gambling:</u>	
<u>Who/What encouraged client to seek help:</u>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Employer <input type="checkbox"/> Clergy <input type="checkbox"/> Court <input type="checkbox"/> NCCG <input type="checkbox"/> Legal Worries <input type="checkbox"/> Gamblers Anon <input type="checkbox"/> Professional <input type="checkbox"/> Debt Losses <input type="checkbox"/> Other
<u>Other Text:</u>	
<u>Presenting Problem:</u>	
<u>Primary Diagnostic Impression:</u>	
<u>Secondary Diagnostic Impression:</u>	
<u>TX Recommendations - Primary:</u>	{None Selected} ▼
<u>TX Recommendations - Secondary:</u>	{None Selected} ▼
<u>TX Recommendations - Tertiary:</u>	{None Selected} ▼

**Current Occupation:** Select from the drop down box

Choices Available:

- Manager/Professional
- Technical Administrative
- Clerical/Sales
- Service (food, housekeeping)
- Farm/Ag. Related
- Laborer
- Skilled/Semi Skilled Crafts/Operatives
- Other

**Current Annual Income:** nearest 1,000

**Total Annual Household Income:** nearest 1,000

**Age when first gambled:** Enter the age of when the consumer first gambled

**Initial gaming activity:** Select from the drop down box

Choices Available:

- Bingo
- Casino
- Horses and Dogs
- Internet
- Keno
- Lottery
- Other
- Pull Tabs
- Sports

**Parents Drinking?** Does/did either of client's parents have a drinking problem? Select Yes or No

**Parent's gambling?** Does/did either of client's parents have a gambling problem? Select Yes or No

**Sig. Drinking?** Does/did either of significant other's parents have a drinking problem? Select Yes or No

**Sig. Gambling?** Does/did either of significant other's parents have a gambling problem? Select Yes or No

**Assessment date:** Enter date of assessment in the format of MM/DD/CCYY

**Number of employers' client has had in the last five years:** numerical data (000)

**Number of jobs client has had in the last five years:** numerical data (000)

**Number of workdays missed by client in last 30 days due to Gambling:** gambling or distress over gambling behavior)

**Most frequent gaming activity (last 30 days)**

Choices Available:

- Bingo
- Casino
- Horses and Dogs
- Internet
- Keno
- Lottery
- Other
- Pull Tabs
- Sports

**Place of Activity:** Select from the drop down box

Choices Available:

- Casino
- Non-Casino

**Frequency of all types of wagering in the last 30 days:** select from the drop down box

Choices Available:

- Never
- 1x Month
- 2-3 x Month
- 1-2 x Week
- 3-6 x Week
- Daily

**Proportion of dollars wagered (=100%):** Percentage amount must equal 100

**Prior gambling treatment?** Select Yes or No or unknown.

**Number of times of prior gambling treatment:** Enter numerical value

**Number of prior behavioral health contacts:** Enter numerical value

**Current household debt.** Enter whole dollar amount nearest 1000

**Amount of debt due to gambling:** Enter whole dollar amount nearest 1000

**Legal involvement related to gambling?** Select Yes or No or Unknown

**If yes, list all types of legal involvement related to gambling:** Free form text box

**Who or what encouraged client to seek help?** Check all that apply.

Choices Available:

- Spouse
- Family
- Friend(s)
- Employer
- Clergy
- Professional
- Court
- Debt/Losses
- Legal Worries
- Gamblers Anonymous/GamAnon
- NCCG
- Self

**Other Text:** Free form text box

**Presenting Problems:** Free form text box

**Primary Diagnostic Impression:** Free form text box

**Secondary Diagnostic Impression:** Free form text box

**Tx Recommendations – Primary**

Choices Available:

- None
- Education
- Individual Outpatient
- Group Outpatient
- Self-Help
- Psychiatry
- Credit Counseling
- Family

## **Tx Recommendations – Secondary**

Choices Available:

- None
- Education
- Individual Outpatient
- Group Outpatient
- Self-Help
- Psychiatry
- Credit Counseling
- Family

## **Tx Recommendations - Tertiary**

Choices Available:

- None
- Education
- Individual Outpatient
- Group Outpatient
- Self-Help
- Psychiatry
- Credit Counseling
- Family

After completing the Gambling Registration screens, click 'Save' at the top of the screen. A confirmation page is displayed indicating that the registration data was saved successfully.

## **Edit Registration Link**

- Use this link to update, correct or change an existing consumer's registration.
1. Click the 'Edit Registration' link on the main menu bar at the left.
  2. Search for the consumer by their social security number.
  3. Click on the highlighted consumer name link displayed on the search results.
  4. Review and update as necessary.
  5. Click 'Save' on the last page to capture the updates.

## New Discharge Gambling Screen

Fields underlined are REQUIRED. *Italicized* are RECOMMENDED. Any other OPTIONAL.  
- Nebraska Gap Test

### New Discharge

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DISCHARGE INFORMATION			
<u>Discharge Date:</u>	<input type="text"/>		
<u>Date of Last Contact:</u>	<input type="text"/>		
<u>Address - review and revise as necessary:</u>	<input type="text" value="NORTH POLE"/> Street	<input type="text" value="NORTH POLE"/> City	<input type="text" value="Nebraska"/> State <input type="text" value="68501"/> Zip
<u>Discharge Status:</u>	{None Selected}		
<u>Legal Status:</u>	{None Selected}		
<u>Mental Health Board Disposition:</u>	{None Selected}		
<u>Destination at Discharge:</u>	{None Selected}		
<u>Employment Status:</u>	Other (Volunteer/disabled)		
<u>Living Situation:</u>	{None Selected}		
<u>Discharge Referral:</u>	{None Selected}		
<u>Criminal Activity (number of arrests in past 6 months) at time of Discharge:</u>	<input type="text"/>		

SUBSTANCE ABUSE			
	Primary Substance	#2 Substance	#3 Substance
<u>Age</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Name</u>	{None Selected}	{None Selected}	{None Selected}
<u>Freq.</u>	{None Selected}	{None Selected}	{None Selected}
<u>Vol.</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Route</u>	{None Selected}	{None Selected}	{None Selected}

### Discharge Screen Field Names

- **Discharge Date:** Enter the date of discharge for the consumer. Use the format MM/DD/CCYY.
- **Date of Last Contact:** Use the format MM/DD/CCYY. This date may be different from discharge date. This is the last date of service from the agency in this program as outlined in the program plan or individuals service plan. This does not include an attempt to contact by agency personnel to set up additional service contacts. For Single time episodes this may be the same as the admission date.
- **Address - review and revise as necessary:** Use consumer's (preferred order) mailing, home, shelter address or indicate homeless on street address line and complete City field with 'NE' and zip code.
- **Discharge Status:** Select the discharge status of the consumer from the drop down box.

Choices Available:

- Choose to decline additional treatment
- Client seen for assessment only/one time contact
- Death, not suicide
- Death, suicide complete
- Incarcerated
- Left against professional advice (drop out)
- Other
- Terminated by facility
- Transferred to another service
- Treatment completed
- Unknown

- **Legal Status:** Select the consumer's legal status at time of discharge from the drop down box.

Choices Available:

- Civil Protective Custody (CPC)
- Court Order
- Court: Competency Evaluation
- Court: Juvenile Commitment
- Court: Juvenile Evaluation sex offender
- Court: Mentally Disordered Sex Offender
- Court: Pre-sentence Evaluation
- Emergency Protective Custody (EPC)
- Juvenile High Risk Offender
- MHB Commitment
- MHB Hold/Custody Warrant
- Not Responsible by Reason of Insanity
- Parole
- Probation
- Voluntary
- Voluntary by Guardian

- **Mental Health Board Disposition:** Select from the drop down box

Choices Available:

- 90 day suspension
- Discharge with no hold
- MHB commitment
- MHB discharged
- No MHB commitment
- Transfer prior to legal disposition

- **Destination at Discharge:** Select from the drop down box

Choices Available:

- Hastings Regional Center
- Jail
- Lincoln Regional Center
- Medical
- MH Inpatient (ex. DCH in Omaha or Reg West Scottsbluff)
- MH Outpatient
- MH Residential
- Norfolk Regional Center
- Other
- SA Outpatient
- SA Residential (Halfway House)
- SA Residential (Therapeutic Community)
- SA Short Term Residential

- **Employment Status:** Select from the drop down box

Choices Available:

- Active/Armed Forces
- Employed Full Time (35 hrs. +)
- Employed Part Time
- Not in Labor Force
- Other (Volunteer/Disabled)
- Sheltered Workshop
- Unemployed (Laid Off/Looking)



➤ **Living Situation:** Select from the drop down box

Choices Available:

- Child Living with Parent/Relative
- Foster Home
- Homeless Shelter
- Jail/Correctional Facility
- Other 24 hr. Res. Care
- Other Inst. Setting
- Other
- Private Residence Receiving Support
- Private Residence without Support
- Regional Center
- Other Inst. Setting

➤ **Discharge Referral:** Select from the drop down box

Choices Available:

Agricultural Action Center	Employers	Mental Health Commitment Board	Private Family Counselor/Agency	SA Methadone Maintenance	Social Svc. Sexual Perp. Eval.
Clergy	Family	Mental Retardation Agency	Private mental Health Prac.	SA Outpatient Counseling	Social Svc. Thera. Foster Care
Community Service Agency	Farm Hotline	Mid-level Practitioner	Private Physician	SA Partial Care	State Social Service Office
Corrections	Food Pantry	Norfolk Regional Center	Private SA Provider	SA Prevention	Tribal Elder or Official
County Extension Agent	Friend	Nursing Facility	Probation	SA Short-term Residential	
Court Order	Hastings Regional Center	Other Human Service Provider	Prosecutor	SA Therapeutic Community	
Court Referral	Homeless Shelter	Other Medical Facility	Public Health Staff	Self	
Defense Attorney	Hospital	Parole	SA Emergency/Detoxification	Services Psychiatric Evaluation	
Drug Court	Job Training Office	Police	SA Halfway House	Social Svc. Fam. Based Counseling	
Employee Assistance Program	Lincoln Regional Center	Pre-trial Diversion	SA Methadone Detoxification	Social Svc. Home-Based Services	

➤ **Criminal Activity (number of arrests in past 6 months) at time of Discharge:** Enter the number of arrests the consumer has had in the past 6 months. If unknown, report '99'.

➤ **Primary Substance, # 2 Substance, # 3 Substance:** Complete these fields for all levels of substance abuse.

- **Age:** Age of first use; the age must be a number between 00 – 99.
- **Name:** Select from the drop down box the name of the substance used.

Choices Available:

Alcohol	Inhalants	Other Hallucinogens	Other Tranquilizers
Barbituates	Marijuana/hashish/pot	Other opiates/synthetics	Over-the-Counter
Benzodiazapines	Methamphetamine	Other Sedatives/Hypnotic	PCP/"Angel Dust"
Cocaine/Crack	Non-Rx Methadone	Other Stimulants	Unknown/None

- **Freq.:** Select from the drop down box the frequency of use.

Choices Available:

- 1 – 2x's wk/past month
- 1 – 3 x's past month
- 3 – 6x's wk or more
- Daily
- No use past month
- Unknown

- **Vol.:** Volume of use (free form text)

- **Route:** Route of administration, select from drop down box.

Choices Available:

- IV
- Nasal
- Oral
- Smoke
- Unknown

After completing the Gambling Registration screens, click 'Save' at the top of the screen. A confirmation page is displayed indicating that the registration data was saved successfully.

To Log out of the Nebraska Gambling site, click the 'Exit' link on the menu at the left of the page.

To continue using the Nebraska Gambling site, click one of the links on the menu at the left of the page.

### **On-Line TAD (Turn Around Documents) Process Flow**

1. The user logs onto [www.MagellanProvider.com](http://www.MagellanProvider.com) via the Internet and enters the entity User Name and Password
2. To access the TAD reports, select the TAD link from the left side menu bar.



3. Click 'Continue'. The Start Date and End Date fields will be displayed. A user can only access the previous month's report. Data entered several months ago cannot be accessed for editing.
4. Click on 'Run Report' and the web will display information pertaining to the selected report.
5. Utilization information is data entered by the provider. The monthly reports are ran the first business day of the calendar month for the previous month.

**NOTE:** To comply with **HIPAA** standards, the TAD process is not for the purpose of submitting a claim or for reporting an encounter. This on-line report will be available only to providers. Regions or other entities cannot access the TAD reports. The TAD reports cannot be used as a method of an electronic payment process. It is not a billing document. Users will be able to enter utilization data strictly for repository purposes.

To register a new consumer, add a level of care to a consumer, edit a registration or discharge a consumer select the appropriate link from the menu bar at the left.



To leave the Nebraska web site, click the 'Exit' link on the menu bar at the left. This will return you to the MagellanProvider.com site.

To leave the MagellanProvider.com site, click on the 'Sign Out' link at the top of the page.

## **FAQ:**

**1. *"I have a new consumer, what link do I select to enter the new consumer information?"***

Select the 'New Registration' link to data enter new consumer information. From this link, you can complete all the required NBHS fields.

**2. *"I want to enter another encounter for an existing consumer, what link do I select?"***

Select the 'New from Existing Registration' link. From this link, you can update/change client information and/or select a new level of care. This link will create a new encounter for an existing consumer. This link should not be used for updating/changing registration and/or demographics.

**3. *"I need to update registration/demographic information for an existing consumer record, what link do I select?"***

Select the 'Edit Registration' link to update/change existing consumer registration/demographic information. This link will only update/change existing consumer information. This link will not create a new encounter for an existing consumer.

**4. *"Help! My login account has been locked."***

Users are allowed three (3) attempts to login correctly to the MagellanProvider.com site. After three (3) incorrect attempts, the user's login account is locked. Contact the Magellan Nebraska RSC. Your login account will be reset and a new password will be issued.